

REDMOND TRIP REDUCTION INCENTIVE PROGRAM

APPLICATION



APPLICANT INFORMATION

Company Name: _____

Address: _____

City: **Redmond** State: **WA** Zip: **98052**

Contact Person: _____

Phone Number: **(425)** _____ Fax: **(425)** _____ E-mail: _____

Is the Project Lead the same as the contact noted above? If not, please provide the following information:

Project Lead Contact: _____

Phone Number: _____ Fax: _____ E-mail: _____

What is the primary business or activity at this location? _____

Total number of employees assigned to this location _____

Are you currently implementing a commute trip reduction program at your worksite? ☐ Yes ☐ No

DESCRIPTION OF PROPOSED PROJECT OR PROGRAM

Project Title: _____

Project Description: (what will be implemented, including any incentives, memberships, additional staffing, and capital purchases)

Is this a new commute trip reduction program or an expansion of a current program? Explain.

Who will perform the work that will be required to administer the program? _____

Will you require R-TRIP ETC Assistance? If yes, how many hours? _____

Project Budget: (Attach additional sheets, if necessary)

Incentives	\$ _____
Staffing: _____ hours at \$_____/hour	\$ _____
Marketing materials	\$ _____
Other: (specify)	\$ _____
TOTAL	\$ _____

(continued on back)

R-TRIP Funds Requested: (please refer to R-TRIP formulas) \$_____

Employer Match (you may count 25% of employer project staffing cost toward the match): \$_____

How many individuals will benefit from the program? What is the basis for this estimate? _____

What time frame is needed, after the assumed award of this project or program, until the project or program is implemented? _____

EVALUATION

How will you determine the success of the program? (check all that apply)

- ☐ # of new vanpoolers ☐ # of new carpoolers ☐ # of new transit riders ☐ # of new bicyclists
☐ # of new walkers ☐ # of program participants ☐ cost-effectiveness ☐ # of commute trips reduced
☐ Other (please specify)

What resources have you identified to continue the program, if successful? _____

PROJECT PRIORITY

If you are applying for funds for more than one project or program, please prioritize the projects, in the event that one of more of your proposals cannot be funded.

- ☐ We are not applying for additional funds.
☐ We have applied for additional funds and _____ is our first priority.

OTHER COMMENTS

Signature of CEO or highest-ranking official at the organization submitting this application.

Signature _____

Title _____ Date _____

PROGRAM ELIGIBILITY AND REQUIREMENTS

- ◆ Any Redmond employer, or combination of Redmond employers, with a business license with the City of Redmond, and have at least 2 employees working at a site in Redmond.
- ◆ Only those program costs associated with employees working within Redmond city limits are eligible.
- ◆ Businesses may not be able to profit monetarily on the R-TRIP portion of the match.
- ◆ Capital equipment purchases must be accompanied by a 3-year commitment to the program, or will include a proportionate payback to the City for equipment purchased.
- ◆ Employer will apply for one year of project funding at a time.
- ◆ Funds are not intended to replace current funding for existing programs.
- ◆ The R-TRIP program does not guarantee that a project will be approved and reserves the right to determine which program requests are funded and to what degree.
- ◆ All costs are approximate. May vary due to nature of specific program.
- ◆ Employer will participate in program evaluation.



REDMOND TRIP REDUCTION INCENTIVE PROGRAM

All R-TRIP programs are funded by the City of Redmond Business Transportation Tax Improvements (BTTI) and by King County Metro. For more information, call the R-TRIP Commute Assistance Office at (425) 702-8001, ext. 202, or visit our website at www.GOrtrip.com.

